

Part II: Chronic Disease Management Collaborative Pilot Site Application

A. Applicant assessment and narrative

Applicant assessment and narrative	
Describe your facility	
Service Unit: IHS Area: Service Population:	
Organization of health care delivery system	
1. Narrative: Describe your organization leadership's commitment to improving chronic disease care.	
2. Does your organization's strategic plan address chronic disease care? Narrative: Describe how your organization's strategic plan addresses chronic disease care.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does your organization have a process in place to address improvement of clinical care? Narrative: Describe your clinical care improvement processes and your organization's approach to quality improvement. How have you improved clinic flow and organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has your organization appointed a local champion who can dedicate at least 0.25 FTE to serve as the coordinator for the pilot program? Provide the name and contact information for this coordinator:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Clinical information systems	
5. Does your organization currently use the Resource and Patient Management System (RPMS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does your organization meet "Electronic Health Record (EHR)-ready" criteria as defined by the IHS Office of Information Technology? (Please submit a letter from your site manager.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Has your organization begun using EHR? Narrative: Describe your level of EHR implementation.	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Applicant assessment and narrative continued on the next page)

Applicant assessment and narrative (continued)	
Clinical information systems (continued)	
8. Does your organization routinely use at least one active RPMS-based registry? Narrative: Describe your use of RPMS-based registries.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Has your organization successfully submitted Clinical Reporting System (CRS) data every quarter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Has your organization successfully submitted an electronic diabetes audit to the IHS Division of Diabetes Treatment and Prevention?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Does your organization routinely use the Diabetes Management System (DMS) or a similar disease management application (e.g., asthma, behavioral health, HIV, women's health) for care management for at least one disease? Narrative: Describe the disease management applications that you use and how you use them.	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Does your organization use team- or provider-specific CRS patient lists or DMS features in visit planning for individual patients? Narrative: Describe your use of CRS patient lists or DMS features in visit planning.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Community resources and linkages	
13. Narrative: Describe the existing community resources that you use for patient education and treatment around chronic diseases and their risk factors.	
14. Narrative: Discuss potential partners in the community that could be developed to support your efforts to improve patient education and treatment around chronic diseases and their risk factors.	
Patient self-management support	
15. Does your program use a standardized individual patient needs assessment tool? Narrative: Describe how this tool is used in your program.	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Does your program use customizable patient self-management plans? Narrative: Describe how patient self-management plans are used in your program.	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Applicant assessment and narrative continued on the next page)

Applicant assessment and narrative (continued)	
Patient self-management support (continued)	
17. Narrative: Describe how you use health educators, dietitians, public health nurses, pharmacists, and others to teach patients. Discuss potential resources (both in the system and the community) that could be engaged in this process.	
Delivery system design	
18. Has your organization identified a multidisciplinary care team? Narrative: Describe the providers who are included on the multidisciplinary care team and describe how the team functions (e.g., communication, meetings).	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Does your organization offer case-management approaches to care? Narrative: Describe the existing case-management approaches that you use, including staff training, number of staff involved, and number of clinics involved.	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Does your organization have a functional appointment and recall system in place? Narrative: Describe how your organization uses the appointment and recall system.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Decision support	
21. Are evidence-based clinical guidelines available throughout the organization? Narrative: Describe how the guidelines are used by providers in daily practice, for what diseases, and the process by which they were agreed upon and implemented.	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Do providers recognize the importance of sharing care guidelines with patients? Narrative: Describe how the guidelines are shared with patients.	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Does your organization use a standardized chronic disease treatment plan? Narrative: Describe how the treatment plans are used by providers in daily practice, for what diseases, and the process by which they were agreed upon and implemented.	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Applicant assessment and narrative continued on the next page)

Applicant assessment and narrative (continued)	
Decision support (continued)	
24. Does your organization's administration support continuing education for providers on chronic disease? Narrative: Describe the continuing education opportunities that are currently available to providers in your organization.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pilot site staff	
Narrative: For each staff member who will participate in the pilot project, provide or describe: <ul style="list-style-type: none"> a. Name and title. b. FTE allocated to working on the pilot project. c. Anticipated roles and responsibilities in the pilot project. d. Experience that makes them qualified to participate in the pilot project. 	
Other	
Narrative: Provide other compelling information that you feel would help reviewers understand why your organization is uniquely qualified to participate as a pilot site.	

Approved by:

Pilot Site Coordinator

Chief Executive Officer

Clinical Director

Area Chief Medical Officer

B. Sample letter of commitment

Date: _____

Bonnie Bowekaty
Chronic Disease Initiative Program Assistant
Indian Health Service Division of Diabetes Treatment and Prevention
5300 Homestead Avenue NE
Albuquerque, New Mexico 87110

To the Pilot Site Selection Workgroup:

We, the Pilot Site Coordinator of the Chronic Disease Management Pilot Site, _____, (name)
and the Chief Executive Officer of the Sponsoring Organization, _____, (name) for the
_____ Service Unit, attest to the following:
(name)

The _____ Service Unit has evaluated and meets all criteria to participate as a Chronic Care Collaborative Pilot Site.

The _____ Service Unit has the administrative support and commitment necessary to successfully develop, implement, and evaluate the pilot project. This includes allocating a significant amount of staff time for a Chronic Disease Pilot Program Coordinator.

The **Administration of the sponsoring organization** grants the IHS application reviewer with permission to contact the Coordinator of the Chronic Disease Management Pilot Program and the Chief Executive Officer of the sponsoring organization to verify the content of our application.

The **Administration of the sponsoring organization** acknowledges and supports the concept that the pilot project may implement fundamental changes in the manner by which patients access the health care system and the way chronic disease care is delivered within the organization.

The **Administration of the sponsoring organization** will allow pilot project staff to participate in the in-person Chronic Disease Management Collaborative meeting and the virtual training sessions that will occur throughout the year.

Coordinator
Chronic Disease Management Pilot Program

Chief Executive Officer
Sponsoring Institution

Please submit on the sponsoring institution's letterhead

C. Sample letter from information technology site manager to ensure "EHR-ready" status

Date: _____

Bonnie Bowekaty
Chronic Disease Initiative Program Assistant
Indian Health Service Division of Diabetes Treatment and Prevention
5300 Homestead Avenue NE
Albuquerque, New Mexico 87110

To the Pilot Site Selection Workgroup:

As the IT Site Manager for the _____ Service Unit, I attest to the following:
(name)

The _____ Service Unit is currently using the IHS Electronic Health Record.

- or -

The _____ Service Unit has installed all of the appropriate patches to prepare the site for implementation of the IHS Electronic Health Record (EHR). As a result, we will fully implement the EHR in the outpatient setting within the next year.

Site Manager

Please submit on the sponsoring institution's letterhead